

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

**APPLICATION TO AMEND A LICENSE
TO OPERATE A
BRANCH ESTABLISHMENT OR
FUNERAL ESTABLISHMENT**

Indicate if this application is for a:

- ☐ Funeral Establishment
☐ Branch Establishment

(Print or Type)

SECTION A - GENERAL INFORMATION (All applicants must complete this section)

1	Current Name of Establishment:				License #
	New Name of Establishment:				
2	Current Address:	Street/PO/Route:			
		City:	State:	Zip:	
	New Address:	Street/PO/Route:			
		City:	State:	Zip:	
3	Telephone Number:				
4	Manager(s) Name:				
5	If applying for a Branch Establishment, Name of Main Establishment:				License #:

SECTION B – CONVICTION/LICENSURE INFORMATION (The Manager must complete this section)

Questions relate to the Manager	Answer Yes or No	Type of Crime or Licensure Action	Date of Action	Name of Court (City/County/State) or Entity taking Action
Have you ever been convicted of a misdemeanor or felony?				

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- All addiction/mental health evaluations (if the conviction involved a drug and/or alcohol related offense)
- Letter from your probation officer referencing your probationary progress or date of release

Questions relate to the manager	Answer Yes or No			
Are you licensed or certified in another state?		If yes, what State are you licensed in?		What type of license do you hold?
Have you ever surrendered your license or certification?		Type of Licensure Action	Date of Action	Name of Entity taking Action
Has action been taken to suspend or revoke your license or certification?				

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Documents from the State Board in which the disciplinary action was taken
- Certification of your license/certificate in another state.

SECTION C - REASONS FOR AMENDING FUNERAL ESTABLISHMENT LICENSE:

(Check all applicable categories)

MANAGER CHANGE**FEE: \$10.00**

- ☐ Change of **Manager** of Establishment (application must be submitted within 15 days of anticipated change)
☐ Change due to death of manager (application must be submitted immediately following the death of the manager)

Name of New Manager: _____

Funeral Directing License Number: _____

OR

Funeral Directing and Embalming License Number: _____

NAME CHANGE**FEE: \$10.00**

- ☐ Change of **Name** of Establishment (application must be submitted within 15 days of anticipated change)

New Name of Establishment: _____

LOCATION CHANGE**FEE: \$20.00 for branch establishment
\$25.00 for a funeral establishment**

- ☐ Change in **Location** of Establishment (application must be submitted within 30 days of anticipated change)

New Location Address: _____
(Street/P.O. Box/Route)

(City) (State) (Zip Code)

County: _____

SECTION D – ATTESTATION An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete. I further state that:

- ☐ I **have not** operated at this location without a valid establishment license prior to this application for a change of manager or change in location; **or**
☐ I **have** operated this establishment without a valid establishment license prior to making this application for a change in manager or change in location

_____ number of days operated without a valid license in Nebraska after July 1, 2004

From _____ to _____
m/d/y m/d/y

(Signature of Manager)

_____ date